

- определение средств, последовательности и сроков реализации этих задач с учетом интегративности медицинских дисциплин в междисциплинарном диапазоне;

- контроля и анализа результатов, оценки достигнутого, принятия решений о дальнейшей работе.

Таким образом, деятельный аспект творческого подхода преподавателя к обучению позволяет построить следующую структуру: мотивы – цель – задачи – содержание – формы – методы – результаты. Содержательный аспект имеет структуру как взаимосвязь направлений методологической работы: мировоззренческая подготовка, формирование готовности преподавателя к самосовершенствованию, дидактическая, воспитательная, частнометодическая, этическая, общекультурная, техническая подготовка. Главной движущей силой творческого роста преподавателя-врача являются осознанные им внутренние противоречия между возросшим уровнем требований и уровнем профессиональных умений, зрелостью личности.

**EDUCATIONAL PROCESS UNDER CONDITIONS OF CREDIT-
MODULE SYSTEM WHILE STUDYING SURGERY
BY 5-6TH YEAR STUDENTS ON SPECIALTIES
«GENERAL MEDICINE» AND «PEDIATRICS»**

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Educational process in higher educational establishment where future medical specialists are trained is known to be rather specific and characterized, first of all, by its purposefulness concerning getting considerable knowledge, ensuring fulfillment of vitally important actions of physicians or doctor's assistants to provide and maintain the health of people whose life depends on correct and timely activity of a physician, nurse or pharmacist. The final success to get the assigned tasks is achieved when all the links of the well-known pedagogic triad "knowledge-ability-skills" are realized. Higher education of the XXI century differs by a number of peculiarities and requires certain changes of its content and organization of education. The main objective of a clinical department, is to form a clinical thinking, accumulation of theoretical knowledge and practical skills of the students.

Conversion of the educational system is a necessary requirement to join Bologna process. The system of education as well as culture is a unique thing. It has deep roots in the material and spiritual spheres of the past and present. In every country organization and implementation of the

educational system are characterized by their own special features. In connection with this, reformation of higher education according to the principles of Bologna Declaration should always consider and preserve peculiarities of the national system of education. But together with this, certain unification, standards of requirements, content and quality of education must be defined. The latter is necessary to solve the problem of diploma conversion with the aim to raise the quality and prestige of the European higher school in the world educational space.

The problem of training of highly qualified specialists does not lose its topicality, especially in the period of great reforms in practical medical care. A strategic aim of the credit-module system, its leading idea is known to be increasing the quality of training of students to ensure the compatibility of education on the labour-market. Such an approach to a new model of organization of educational process requires from the instructor mastering the system of methodological and pedagogical skills, which is especially topical in learning clinical subjects and surgery in particular.

The fact that the 5-6th-year students both general physicians and pediatricians continue to study other clinical subjects should be also considered as an important circumstance. In the course of surgery they begin to get acquainted with clinical signs and treatment of surgical diseases. Theoretical knowledge and practical skills obtained by them will serve as the basis for further development of their clinical thinking under conditions of future medical practical work. An unsteady basis excludes creation of a steady superstructure. It is this circumstance that explains the importance of fundamental learning surgery by medical students.

All these tasks are especially important when we work in groups of international students. There are representatives of more than 30 countries of Asia, Africa, America, and Europe getting their education at Bukovinian State Medical University. About 75% of them are Indian citizens. English is the language of instruction. Thus, qualified and effective educational process can be implemented not only in case the instructor knows his subject but professional English as well. Of course, students study the Ukrainian language for 3,5 years. The knowledge of Ukrainian helps them to communicate in their everyday surrounding, patients in the hospitals and polyclinics where students have their practical classes. But instructors are supposed to conduct lectures, seminars, and practical classes in English which is legally stipulated by the University contract concerning the education foreign citizens get. Before starting to work in groups of international students the teachers, instructors, Associate Professors and Professors undergo special testing to estimate their level of English and ability to ensure the educational process in English-speaking groups.

The use of educational materials compiled in available distance learning systems (for example, MOODLE – Module Oriented Objective

Dynamic Learning Environment) makes the situation easier but it does not solve the problem as a whole. A comparatively easy and quick access to the systematized and illustrated materials due to contemporary technical abilities makes the student a little bit lazy. In such situations students are not willing to work creatively and lose their ability to analyze the material given to them. Some of the students do not practically concern themselves with self-education, relying on the possibility to guess the answer of the test or to solve the task by means of technical aids (e.g., cell phones etc.).

This problem, in our opinion, can be solved partially under conditions of changing the tactics of education. The student must not simply retell the information read, but to analyze and compare separate fragments. The student should reconsider and digest the information received, and after that tries to find associations between separate blocks or units working on the solution of a clinical task. Of course, still not every student due to his individual characteristics of intelligence or volitional qualities is able to get the best grade. One should not crave for it. If at the end of a practical class at a clinical department the student gets his “good” adequately estimated and honestly received, the instructor as one of the objects of the educational process, can consider the task fulfilled.

Realization of all the tasks set in front of the student, that is acquiring theoretical knowledge, abilities and practical skills, is possible only on the condition of a close interrelation between an instructor and student. Unfortunately, not all the students have a strong motivation to the educational process. Considering this categorical reality, an increasing role of the instructor as an organizer and catalyst of the educational process should be understood. But the following contradiction may occur in this respect. On the one hand, it is the necessity to keep to the commonly accepted methodological standards of education (accurate distribution of the class into the stages – primary, basic and concluding; the use of standard methods of control – questioning, testing, discussing patient’s case histories, solving clinical situational tasks etc.), and on the other hand – the necessity to stimulate the student’s interest to education.

Due to this fact the instructor who is not indifferent to the final result of the educational process has the right for a certain improvisation. For example, he should pay more attention for substitutional tests and tests for succession of actions; students are examined not at the beginning of the class but in the process of checking tests and solving clinical tasks, starting from simple to more complicated ones. To master practical skills better, such as applying transport splints, using various methods to arrest bleedings, detecting blood groups and Rh-factor, catheterization of the urinary bladder, analysis of laboratory and instrumental methods of examination, role games are useful to be suggested.

Every practical class should include the work with a patient. A constant training is necessary for proper examination of the patient by the student and prevention of possible difficulties. The student must not be afraid of the patient! Under such conditions the student gradually learns how to make a correct diagnosis allowing him to choose optimal therapeutic tactics and rely upon a successful solution of the problem.

Thus, when learning surgery is completed the student should be able to:

- demonstrate mastering moral-deontological, legal principles of a medical specialist and principles of professional subordination;
- give urgent medical aid in case of the most spread surgical diseases;
- make differentiation diagnostics, substantiation and making primary diagnosis in case of the most common surgical diseases;
- define the tactics of management (principles of surgery and conservative therapy, rehabilitation etc.);
- demonstrate abilities to fill in medical documents in the surgical hospital.

Considering all the mentioned above and corresponding to the contemporary requirements of modern life, the main task of a clinical department, is to form a clinical thinking, sufficient volume of theoretical knowledge and practical skills of the student, which are necessary for a contemporary physician.

NEW APPROACHES TO THE ESTABLISHMENT OF A CONSTRUCTIVE INTERACTION OF THE TEACHER AND THE STUDENT

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Individual personality plays a sizeable role in determining a teacher's particular style of interaction in the classroom. Nonetheless, an awareness of important aspects of interaction can guide one in becoming the kind of teacher who influences the lives of students beyond simply matters of subject matter.

The aim of this study is to find the basic styles of teacher-student interaction.

One's style is the product of how responsive to individual needs one is along with how much authority he or she demands. Based on this idea, Diana Baumrind [2] describes models of control that administrations of academy have in relationship to students. While these models emerged from her work on parenting styles, she notes that they have greatly influ-